

CA HRTW

Transition Health Care Assessment (Professional Version)

The adolescent demonstrates knowledge of his/her health condition and its management by:

PLEASE CIRCLE ONE

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| 1. Being able to explain the etiology and pathophysiology underlying his/her medical condition. | Yes | No | N/A |
| 2. Describing long term management and treatment regimen. | Yes | No | N/A |
| 3. Identifying actual or potential problems in adhering to treatment. | Yes | No | N/A |
| 4. Describing the use of prescribed medications. | Yes | No | N/A |
| 5. Stating the normal and abnormal pertinent laboratory values and diagnostic test results and their meaning. | Yes | No | N/A |

Adolescent engages in preventative health behaviors by:

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| 1. Keeping appointment with a Primary Care Physician (PCP) | Yes | No | N/A. |
| 2. Being current with immunizations and health care screenings. | Yes | No | N/A |
| 3. Abstaining from using alcohol, cigarettes, drugs, unprotected sex. | Yes | No | N/A |
| 4. Taking adequate measures for self protection such as wearing orthotics. | | | |
| 5. Medi-Alert bracelet/necklace. | Yes | No | N/A |
| 6. Engaging in some form of regular exercise. | Yes | No | N/A |
| 7. Visiting dentist on a regular basis. | Yes | No | N/A |
| 8. Maintaining an oral hygiene program of brushing and flossing teeth. | Yes | No | N/A |
| 9. Recognizing early signs and symptoms of infections (URI, UTI). | Yes | No | N/A |

Adolescent demonstrates knowledge of emergency measures by:

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| 1. Having reliable phone access at home. | Yes | No | N/A |
| 2. Keeping list of phone numbers of family and friends to call in urgent/emergency situations/matters. | Yes | No | N/A |
| 3. Keeping list of phone numbers of health and non-health emergency services, poison control center. | Yes | No | N/A |
| 4. Identifying the location of the nearest ER. | Yes | No | N/A |
| 5. Notifying the fire department of special needs and reviewed their emergency evacuations. | Yes | No | N/A |

6. Notifying utility companies of additional service needs.	Yes	No	N/A
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Adolescent demonstrates understanding of his/her need for environmental modifications/accommodations by:

1. Having electrical modifications done for life support equipment (ventilator) or other durable equipment such as hover lift.	Yes	No	N/A
2. Securing storage space for supplies and equipment.	Yes	No	N/A
3. Having wheelchair ramps and modifications made for doors, tubs.	Yes	No	N/A
4. Disposing of supplies (i.e. needles) properly and safely.	Yes	No	N/A

Adolescent demonstrates the ability to monitoring his/her health condition by:

1. Knowing when to seek medical care.	Yes	No	N/A
2. Identifying triggers for problems or flare-ups of medical condition.	Yes	No	N/A
3. Being able to describe environmental risks affecting his/her medical condition (increased elevations, large crowds, airport scanners).	Yes	No	N/A

Adolescent demonstrates ability to manage his/her special health care need by:

1. Keeping appointments with specialty care provider(s).	Yes	No	N/A
2. Knowing when to order medications and supplies.	Yes	No	N/A
3. Knowing when to replace durable equipment.	Yes	No	N/A
4. Keeping an extra/backup supplies or equipment.	Yes	No	N/A
5. Demonstrating ability to manage attendant(s), home health aide(s), school aide(s), interpreter(s).	Yes	No	N/A
6. Demonstrating ability to hire and use personal attendants/assistants (PAS).	Yes	No	N/A

Adolescent demonstrates ability to communicate effectively by:

1. Seeking answers to health related concerns.	Yes	No	N/A
2. Being able to ask questions of providers.	Yes	No	N/A
3. Obtaining appropriate communication devices/systems as needed.	Yes	No	N/A
4. Making contact with teen/young adult support groups/camps.	Yes	No	N/A

Adolescent demonstrates ability to access community resources by:

1. Locating resources in the community.			
2. Demonstrating ability to access community resources.	Yes	No	N/A

3. Accessing community transportation as need arises.	Yes	No	N/A
4 .Providing school nurse with relevant health care information such as medication schedule during school hours, necessary treatments and conditions that require monitoring.	Yes	No	N/A

Adolescent demonstrates responsible sexual activity by:

1. Identifying high risk situations for exploitation and victimization.	Yes	No	N/A
2. Being able to provide reliable sexual history: nature/level of sexual activity, previous pregnancies, number of partners, STDs, exposure to HIV.	Yes	No	N/A
3. Describing how an STD affects and is affected by the chronic condition.	Yes	No	N/A
4. Using contraception/STD prevention strategies.	Yes	No	N/A

Adolescent demonstrates knowledge of need to obtain information and reproductive counseling by:

1. Knowing when to seek reproductive counseling.	Yes	No	N/A
2. Understanding the implications of pregnancy and timing of pregnancy in terms of age.	Yes	No	N/A
3. Considering the realistic challenges of becoming a parent.	Yes	No	N/A

Adolescent demonstrates ability to keep track of health records by:

1. Having copy of health records.			
2. Ensuring adult provider has health records.	Yes	No	N/A
3. Having insurance card or copy.	Yes	No	N/A
4. Recording and keeping appointments for medical visits, dental care, etc.	Yes	No	N/A

Adolescent demonstrates knowledge of health insurance concerns and issues by:

1. Identifying when eligibility terminates for health insurance coverage.	Yes	No	N/A
2. Budgeting or making arrangements for medically related expenses not covered by third party payer.	Yes	No	N/A
3. Applying for income assistance (SSI) and public financed health services.	Yes	No	N/A

Adolescent demonstrates knowledge of his/her to accommodations as specified by law by:

1. Identifying need for school/work setting accommodations.	Yes	No	N/A
2. Contacting the college/university Office of Disabled Students.	Yes	No	N/A
3. Being able to describe rights as specified in American with Disabilities Act.	Yes	No	N/A
3. Accessing other community based agencies for services			

(social service, vocational rehabilitation).

Yes No N/A

Adolescent demonstrates ability to use transportation safely by:

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| 1. Recognizing the limitations with driver's license and ability to drive. | Yes | No | N/A |
| 2. Knowing how to take bus, train or other mode of public transportation | Yes | No | N/A |
| 3. Reading bus or other mode of transportation travel schedule | Yes | No | N/A |
| 4. Having the correct/sufficient amount of money for fare, pass or auto usage | Yes | No | N/A |
| 5. Knowing the destination address, phone number and general direction of where it is located | Yes | No | N/A |
| 6. Knowing etiquette according to mode of transportation: waiting one's turn, getting up for elderly | Yes | No | N/A |
| 7. Being knowledgeable of and able to access local transportation: Dial-A-Ride, Access Van | Yes | No | N/A |
| 8. Being aware of safety concerns in traveling neighborhood and community routes | Yes | No | N/A |
| 9. Knowing length of travel time required and how it will impact scheduling of the day's activities (when it will get dark, getting back in time for meals, etc). | Yes | No | N/A |
| 10. Knowing to avoid sitting next to passengers with colds, cough | Yes | No | N/A |
| 11. Being able to identify appropriate protective behaviors/interactions with strangers | Yes | No | N/A |
| 12. Carrying phone number of trusted individuals (friends/family) who can provide assistance if needed (missing last bus of day, etc) | Yes | No | N/A |
| 13. Informing trusted individual(s) always of where he or she is going and time of return | Yes | No | N/A |